

**Title of Article:** From Root to Fruit – Flourishing in Change. Evaluation of a development programme for Practice Development Facilitators in End of Life Care

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## ABSTRACT

Background: This paper outlines the structure, processes and outcomes of a 12-month development programme for nurses who were transitioning from a practice-based training role to a practice development role. The programme was part of organisational commitment to develop a person-centred culture. A new team of Practice Development Facilitators across the UK was formed at Marie Curie. Marie Curie, a UK-based charity supporting people with palliative and end of life care needs.

Aims and Objectives: The overall aim of the programme was to enable PDFs to engage with the theory and practice of practice development to develop as enablers in the delivery of person-centred practice.

Methods: A co-designed multi-method evaluation of the programme that adopted emancipatory practice development and active learning methodologies. Data collection included 4<sup>th</sup> Generation evaluation, reflective writing, participant stories and examples of practice change.

Findings: The programme supported a change in focus of their role from technical to emancipatory. The team identified new ways of engaging together which enabled them to embody person-centredness. By experiencing active learning they came to understand themselves and their practice. Throughout the programme the team experienced a range of organisational challenges which impacted on their progress throughout the programme. Development of their facilitation skills and a strong community of practice will assure embeddedness and sustainability of their new role.

Conclusions: Facilitators of Practice Development are a catalyst in developing person-centred cultures which are indicative of flourishing organisations but this needs to be included in organisational strategy. Experiencing flourishing creates a sense of well-being and renewed commitment to develop practice in ways that keep person-centred care at its heart.

### Key messages:

- Making explicit values and beliefs at the beginning of a programme enable social learning and innovation in practice
- Investment in PD can be a catalyst to developing person-centred cultures
- Role-modelling person-centredness has an impact on staff well-being and person-centred practices
- Embedding communities of practice will main momentum in new ways of working

*Keywords: practice development, person-centredness, culture, active learning, end of life care*

## INTRODUCTION

Marie Curie is a UK-based charity which aims to provide care and support for people with palliative and end of life care needs. In 2014 Marie-Curie set out a vision to create, *a better life for people and their families living with a terminal illness*, committed to being:

*'Always compassionate, making things happen, leading in our field and people at our heart'.*

Their strategic intent involves investing more in their people and in research, making an explicit a commitment to embedding continuous improvement in their work:

- *Developing a culture where our values are lived and demonstrated in the way we do things*
- *Creating an environment that encourages work/life balance and builds/maintains resilience and wellbeing* (Marie Curie 2015).

Attention to cultures within organisations and the effect that these have on patient care and patient outcomes is well documented both in the media and the literature (Francis 2013; Manley et al. 2013). Indeed, evidence suggests person-centred cultures are a pre-cursor to person-centred care (McCance 2013; McCormack and McCance 2017). Such cultures are those where staff feel valued, are confident and competent and experience well-being.

During 2014 Practice Educators within Marie Curie changed the focus of their role from one of training to practice development (PD). The new role, Practice Development Facilitator (PDF) was embraced by some, but rejected by others. While for some the new title fitted well with their vision for the future development of the role and the organization, others experienced a sense of loss of the familiarity of their training role and confusion around what the future might hold. There was little understanding of PD and person-centred practice, although there was organisational commitment to support their development. Marie Curie partnered with Queen Margaret University, Edinburgh during this time of transition, to create a programme of development which would enable PDFs to be a catalyst in embedding cultures of person-centred practice (McCormack and McCance 2017). Through the programme, the intention was to address some of the strategic challenges in a way that aligned with the Marie-Curie vision. It would

contribute to wider work of developing a culture of person-centredness across the organization. The definition underpinning this work is described by McCormack and McCance (2017) as:

*'An approach to practice established through the formation and fostering of healthful relationships between all care providers, service-users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.'* (p 13)

This programme was a pledge of organisational commitment to the work of the PDF team. There was support for the shift from the technical focus of their role to one more concerned with enabling others and challenge existing practice, consistent with the evolution of PD and the move from a compliant to a thriving organisation (Dewing et al. 2015). Contemporary understanding of PD suggests rather than training, it is a means of not only transforming cultures of care, but has the aim of human flourishing for patients, families, carers and staff alike (Garbett and McCormack 2002; Dewing et al. 2015; Titchen and McCormack 2015).

The 12-month programme commenced in 2015 with the aim of developing PDF) to be catalysts in the transformation of a person-centred culture within Marie Curie..

The aims of this paper are:

1. To describe the programme design
2. Present key findings by drawing on a multi-method of evaluation
3. Discuss key learning from the process and outcomes of a programme of transformational practice development (PD)

## **AIMS**

The overall aim of the programme was to enable PDFs to engage with the theory and practice of PD as enablers in the delivery of person-centred practice. This was achieved through the use of PD principles.

## **Intention of the programme was to:**

1. Develop a community of practice around person-centred practice
2. Increase understanding of emancipatory PD and the knowledge of a range of evaluation processes
3. Enhance facilitation skills to enable transformation of cultures and contexts of care
4. Develop a suite of resources that would be available across Marie Curie
5. Create a communication and engagement strategy to enhance and sustain a person-centred culture of care

## **METHODS**

The methods adopted were Emancipatory PD (EPD) and active learning ((McCormack et al., 2004; Dewing 2008; Manley et al., 2008; McCormack et al., 2013): Emancipatory practice development reflects critical social theory which views societies from a perspective of power. Thinking of philosophers such as Habermas (1971; Fay 1987; Freire 2000) posit that oppressors and oppressed group exist in the world and those who experience oppression can be emancipated or freed from habitual ways of thinking through enlightenment and enablement. Emancipatory PD therefore seeks to give voice to those whose is seldom heard. It draws on nine principles and focusses on practice at a micro level (Manley et al., 2008). Central to EPD is facilitation that enables new ways of thinking and being which can be a catalyst for change. Change is achieved through active learning, occurring in the workplace, helping people access their tacit knowledge by learning through active engagement in:

- observation of care and practice by self and others
- critical reflection with self
- critical dialogue with others
- doing or action with others in the workplace (Dewing 2008)

## **Programme Overview**

The programme was designed to reflect Garbett and McCormack's (2002) Practice development model (Fig 1). The principles of PD include values clarification and development of a shared vision as the starting point. Adoption of systematic and rigorous evaluation of process and outcomes

have the focus of developing person-centred cultures. Facilitator development is central. Four workshops were facilitated from November until February focusing on:

- Exploring person-centredness and enhancing knowledge and understanding of PD
- Developing a shared vision.
- Critiquing effective workplace cultures
- Examining process and outcome methods of evaluation
- Facilitating active learning
- Celebrating success

Nine PDFs from across Marie Curie formed part of the initial group, although during the programme 6 PDFs joined the group and 3 left the group, resulting in a final group of 12 participants. Following the workshops, monthly active learning sessions were held across the UK with the aim of learning and developing as facilitators of PD. The sessions were directed by individual and collective need.



By trying out different PD and facilitation tools, PDFs were encouraged to think about how they might be useful in their own practice. They supported each other between sessions through weekly self-facilitated dialogue to explore the meaning of particular issues arising for them in practice. This reflects Habermas' 'communicative spaces.' As the PDFs were based across the UK, these were via teleconferencing.

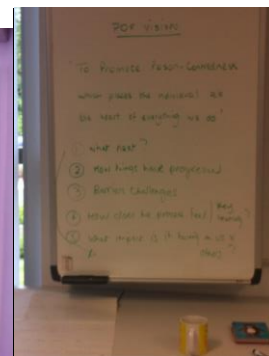
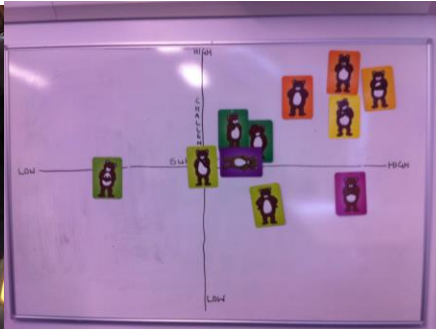
## Evaluation methods

The multi-method evaluation framework was co-designed with participants to demonstrate values of worth of the programme. Pawson and Tilley (1997) suggest worth can only be achieved by asking what works, for whom in what circumstances and why. PDFs were therefore encouraged to think about this and use the shared vision as an evaluative statement. The shared vision developed by the group was:

*'to promote person-centredness which places the individual at the heart of everything we do.'*

They decided adopt multiple methods of data collection:

1. Claims, concerns and issues (Guba and Lincoln 1989), which is a fourth generation evaluation method, consistent with the collaborative, inclusive and participative principles of PD. Each participant was asked to evaluate being part of the programme at the beginning, mid-point and end. Data gathered in terms of claims or favorable assertions, concerns and issues. Issues are questions that arise from the claims or concerns and that might reasonably be asked by another person.
2. Ongoing reflection at the beginning, mid-point and end of the programme. Participants identified questions:  
What have I learnt about myself and my practice?  
What are my key achievements?  
What have the challenges been?
3. Individual and collective stories that would include articulation of their learning and achievements during the project.





## FINDINGS

The findings suggest the programme aims were met. Emerging from the range of data is some insight into transformation experienced by participants, from trainers of learning and development to PDFs supported by a community of practice. These data highlight ways in which they promote person-centredness and have embedded changes in ways of being and doing. They also alluded to the context within which they are effecting change. The outcomes are similar to those reported in a paper by McCance et al (2013) which evaluated a similar programme in an acute care setting and two studies focussing on developing palliative and end of life care (Shannon & Peelo-Kilroe, 2012; Yalden et al 2013). The studies used PD methodologies and resulted in embedding person-centred practices. McCance et al. (2013) found that person-centred practice was enabled by positive ways of working and building relationships but highlighted significant contextual barriers that affected their ability to embrace person-centred values in practice and reflected nurses' confidence and competence. Similarly, the data in this programme were themed around 'ways of engaging together', 'impact of context' and 'being person-centred' (Fig 1).

**Fig 1: Overall findings of programme**

<b>Ways of engaging together</b>	<b>Impact of context</b>	<b>Being person-centred</b>
Knowledge	Organisational commitment	Ways of being
Ways of working	Lack of clarity of PDF role	Engagement
PD principles	Ongoing changes to team	Embeddedness
Active learning	Competing priorities	Practice changes

### Ways of engaging together

Ways of engaging together emerged strongly from claims, concerns and issues were sought at the beginning, mid-point and at end of the programme (Fig 2). These illustrate the transformation experienced by the PDFs that occurred over the duration of the programme, together with the enablers and barriers they perceived.

**Fig 2: Claims concerns and issues**

<b>Day 1</b>	<b>Mid-point</b>	<b>End of programme</b>
<b>Claims</b>		

<p><b>Positivity</b>  Feels positive  It's about how we should be  I will be facilitating an authentic programme to engage the team in PC cultures  Working together  There will be greater opportunity to work with the other members of the team as a collective rather than silos  More fitting with the new role title</p> <p><b>Safe environment</b>  Discussion opened up  Everyone having an equal say</p>	<p><b>Shared values</b>  Creative approaches are very effective at eliciting deeper and critical thinking  Valuing and respecting all as individuals  A loving approach to patients, carers and the people who work for Marie Curie  A more compassionate and caring attitude to those around us  We work better together when we listen to each other  Balancing the needs of individuals against those of the organisation – with individuals taking precedence where possible  PCC is what we should be doing and what we could be doing if we remove some of the barriers  Person centeredness may mean different things to different people</p> <p><b>Developmental opportunity</b>  Supportive  Developmental</p>	<p><b>Ways of being</b>  This is embedded in most things I do  I endeavour to underpin all that I do with person-centredness  Principles not a religion  Embedding pic in what is already delivered  Underpinning person-centredness in the everyday  I'm Using every opportunity to engage and encourage staff to attend development days  This is a way of being</p> <p><b>Enjoyment</b>  I am enjoying being more creative  I enjoy delivering pc to staff  There are lots of new people in the team with new ideas  Others are reacting positively to the process  There is interest in person-centredness</p> <p><b>Learning from the process</b>  To be able to help develop staff away from processes  I had great success using envision cards and reflection tree  Active learning  Transparency</p> <p><b>Outcomes</b>  Positive team dynamics  Engagement  Understanding of the concept is growing</p>
<p><b>Concerns</b></p>		

<p><b>Time constraints</b></p> <p><b>Lack of clarity</b> Nebulous and unclear Quite jargonistic</p> <p><b>Fear</b> Wanting direction rather than participating Concerned that we (PDFs) are going to be seen as the people 'leading'</p> <p><b>Perceived lack of engagement from others</b> Reluctance in participation from members I will not have the engagement/support from all the teams within the hospice. Requires team to see the need for change and buy into process People within the organisation, especially non-clinical may not know about this programme</p>	<p><b>Sustainability</b> It will be seen as an add on Ensuring that there is commitment from the wider organisation How will we integrate it with the (very busy) day job Staff rejecting what we are doing because they think they are already doing PCC People's ability willingness to be self-aware and choose to be person centred We have a lot to do to turn around blame/fear culture Staff may not see the need for it Translating into practice</p> <p><b>Organisational context</b> Ensuring that there is commitment from the wider organisation Managers may sabotage it The charity will not apply it to its staff Other departments (non-clinical e.g. HR) will not be included</p>	<p><b>Need to feel supported</b> Keep the process going Lack of collaboration at times Team in very different places levels of confidence</p> <p><b>Need more knowledge</b> I need to know more theory Implementation of theory I need to know how to build my understanding of person/centredness To be able to define PCP</p> <p><b>Sustainability</b> I don't get enough opportunity to deliver PCP sessions Have not facilitated sessions on PCP A PCP approach is hard to sustain Facilitating creative sessions are risky Current culture Still a huge change in culture needed. People are comfortable having things done for them. Feels like a big challenge PC approaches can be very prescribed and there is one way to do</p>
<p><b>Issues</b></p>		
<p><b>Engagement</b> How can we get to honest, authentic engagement about the real issues that block a person-centered culture? How do we achieve engagement?</p>	<p><b>Organisational context</b> How do we articulate PCC to stress and place value on it when doing so? What is happening at senior (board and senior management) level?</p>	<p><b>Sustainability</b> How do I engage others? How do we sustain/embed this work? How do I improve my knowledge?</p> <p><b>Enhanced teamworking</b></p>

<p>How do I promote a programme of person-centredness in a way that is clear to the team I work within?          What happens if my teams do not engage in the programme?</p> <p><b>Sustainability</b>          What support will be given post the PDF booked days to implement?          How will we know we are facilitating the programme correctly?          How will this programme move forward in the wider organisation, especially the community,          Will people understand the PDF role?          Will the wider teams understand what PCC is?</p>	<p>Isn't most of the cultural changed needing to happen at the top?          How we get the managers to engage in what we are doing?          How do we take this forward with managers?</p> <p><b>Engagement</b>          How will I overcome resistance from group members?          How will people free up their time to join in workshops?          How do I achieve engagement with all members of the team?          How can we as a team work out a way to work together/co-facilitate?          How much will PCC cost/save?          How can we develop a PC culture despite the challenges?          How this will work in the community?</p>	<p>How can we support each other?          How can we share more?          How can we support each other to take more risks in adopting critically creative methods?          How do we maintain a sense of team?</p>
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The culture shift demonstrated can be traced from initial confusion and reluctance to engage in the beginning to the constructive nature of the issues posed at the end of the programme. The shift from the perceived need for direction and “answers” of how “to do “ person centredness to understand that it is more concerned with ways of being. There remains a recognition of individual responsibility to explore current research and evidence around PD and person-centredness. This would continue to develop PDFs in their role as facilitators of learning within the workplace. What is clear from the data is increasing insight into by sharing, learning and trusting PD processes, new understanding emerge. Team enjoyment also emerges and reflects the commitment to sustain and embed the work.

*I feel stuck indeed  
Cannot see the wood for trees  
Hold on, you will see!*

## Context

Despite the commitment of the organization to the programme and the sense of being valued in support of this, there were significant challenges in developing the new role of PDF. This emerged from the claims, concerns and issues and also in the reflective accounts (Fig 3).

**Fig 3: Contextual challenges**

What have been the challenges?
Negative attitudes and behaviours around person-centredness
Conflicting priorities
Feeling the need to avoid person-centred language to 'fit' with the organisation
Challenges in articulating person-centred practice
Achieving consistency
Culture shift within PDF role
Reduction in administrative support and reduced staffing in PD
Time for meaningful engagement with individuals and teams

Practice Development Facilitators reported the biggest challenge participants they faced was some perceived resistance from some of the operational teams. Despite current strategic intent, there was ongoing challenge to understanding the value of person-centred approaches in practice. The drive towards consistency of equitable delivery of education and development opportunities has presented opportunities and challenges for PDFs in devoting time to developing and using PD methodologies. Some reported a lack of engagement in their areas where it was perceived managers did not value the work and felt it conflicted with other priorities.

Staff shortages were also a significant challenge during this work, due to a 50% deficit in the PD team at the start and the turnover of staff throughout this process. Consistent with the findings of the study by McCance et al (2013) challenges resulted in difficulty at times in maintaining momentum. For PDFs during this programme, the lack of administrative support was particularly highlighted as compromising their person-centred focused work. The team came to recognise the need for time to develop ‘ways of being person-centred’ and committed to helping others learn to value time and space for growth.

### Being person-centred

Being person-centred emerged when PDFs reflected on the outcomes of the programme for them. This gave further insight into transformation of self and their practice as PDF (Fig 4).

**Fig 4 Themes from reflective accounts**

What have been your key achievements?	What have you learnt about yourself and your practice?
Establishing shared values	Ability to be flexible and take risks
Implementation of practice development methodologies	Person-centredness and Person-centred practices
Facilitation skills development / establishing triads and mentoring	Being person-centred ignites passion for the role
Being authentic and connecting with others on a deeper level/	Active learning is enabling and ‘freeing’
Being courageous	Being and experiencing person-centredness feels supportive
Facilitating active learning and role modelling	Creating space is important for meaningful engagement
More person-centred skills assessments	By developing self, we can create the conditions to develop others
Embedding person-centred induction	Critical creativity enables depth of discussion and learning
Creating conditions for resilience-building	We can create conditions of safety which mean no fear of judgement or failure
Increased use of technology to engage with staff	

Working with beliefs and values has been recognised by the PDFs as fundamental to knowing people and building relationships. Using different creative means to help people to surface these helps in creating safe spaces to learn, promoting team working and role modelling person-centred practice are new ways of working. Developing explicit and shared values is an enabler in understanding how individuals impact others. Active learning rather than over-reliance on technical approaches to training has also reportedly led to staff feeling more connected with their work and in their teams. This has proved particularly important for members of community teams who are mainly lone workers. Consistent with the literature, this helps to build resilience and leads to increased engagement amongst staff (Dewing and McCormack 2015). It also promoted a sense of autonomy as PDFs began thinking and engaging with others in new ways. Emergent in the accounts was a sense of feeling more courageous to try out new ways of working without a focus on fear of failure. This was viewed as being liberating. Flexibility and reflexivity were also highlighted by the team as key components of new ways of being as PDFs.

Key to this, learning was about self and owning responsibility for ways of being and doing. A further benefit of their learning was that PDFs have recognized the importance of building meaningful relationships within the team and also more widely within regions. Time and space was taken to really engage and to acknowledge and value similarities and difference. Increased self-awareness and psychologically safe spaces allowed participants to expose vulnerability without fear of judgment. This was in turn facilitated when engaging with staff. Despite vulnerability being uncomfortable, according to Mezirow (1991), it is a precursor to transformation. Whilst the overarching aims and goals of the team was to enable and empower staff to feel valued, heard, engaged and skilled to undertake high quality end of life care to patients, their carers, families and friends, this could not be achieved without commitment to developing the team in their PD role.

Together, the PDFs constructed a narrative that reflected their collective experience and learning from the programme. This narrative supports the 'Root to Fruit' poster (Fig 5), which is a tool for dissemination. Further examples of practice change are found in Table 1.

Fig 5: PDF team collective reflection

### End of programme group reflection: From Root to Fruit.



*A story of growth and flourishing and a tree that we did not know existed. The story begins at the roots, our starting point as Practice Developers. The roots were primarily knowing and being – both ourselves and others. As a team we began looking beyond our work role and day to day lists of activities and share more of ourselves with each other in simple ways. Sometimes awkward to begin with, we slowly let our colleagues in to who we actually were as people behind the name badge and title. During the initial phases we were split into north and south teams due to size and the division with the line managers. Whilst some people felt that this division was understandable and even beneficial in the initial phases others felt that this drew a further wedge between the team as it felt that teams were separating. The division widened*

*as one team felt they were advancing more than the other. When the team came back together as a wider team, it took a little bit of time to readjust to the group dynamics. Additionally, the team has continued to change throughout. The majority of the current team have been in post for less than 12 months.*

*Despite these challenges, this work has been widely beneficial. By having a strong core way of working we have been able to embed this and welcome new members to our ways of working and being. A lot of personal development and growth has occurred throughout the journey, with some staff attending Practice Development School and using critical reflection through reflective journals, reflective walks, more robust mentorship for new staff and the implementation of values. Implementation of a person-centered approach to recruitment is one example of outcomes of the work we have undertaken over the last 18 months.*

*Roots in place, we emerged out of the ground and over time our tree has become strong and is bearing fruit. In the workshops we were frequently reminded to “trust the process” which was difficult at first but it has been seen to be the mainstay concept that has fuelled the growth of confidence and capability within the team. The ability to trust the process and each other has proved invaluable as we have moved together as a team. Trusting the process has included having the space to discuss and share our experiences together. This sharing of experience also helped with consciousness-raising about ways of being, not only on an individual level but also as a group. When we were together we immersed ourselves in being in the moment, it is felt that to truly engage with these new ways of thinking and being that time and commitment to using that time to allow the space to take you where you need to go is really important. That there needs to be some fluidity in how we approach our roles moving forward, just because we anticipate the work going a particular way does not mean that we ignore key signs that what is important to the group may be different from the planned. We have confidence to take things*



*off road and going out of comfort zone as we are not always going to be on paved roads especially when opening people up to their values, feelings and beliefs and how these it not only with themselves but with others they work with as well as the organization as a whole.*

*As we reflect on the journey we can see the fruit that has resulted: embeddedness, engagement, new knowledge, critical creativity, organizational commitment and movement. The team is embedding our learning in our day to day activities and interactions with staff. A more developed understanding of self as well as the team and team outcomes has allowed movement towards implementing our ways of working into every day practice and interactions. This has included the embeddedness of using critical creativity into our study days, meetings, inductions and wider with other teams to engage them in the use of these practice development methodologies. The knowledge we have gained over this period of time continues to develop and evolve and we are learning and experiencing together and with ourselves.*

*Taking risks has been crucial to this and understanding that not all the ideas may work with each group but trying these out also takes courage and determination that we did not have prior to our engagement with QMU. The use of critical creativity has moved from being alien to the norm within our team and is filtering out within the organization. This picture is a visual representation of personal growth and fruitfulness which is enabling us as a team to grow person centeredness within staff and subsequently with patients.*

**Table 1: Examples of practice changes**

Fruit	Examples	Comment
engagement,	<p><b>Engagement of skills assessors who are facilitating dialogue with staff and examining issues from a range of different perspectives</b></p> <p>Support for 5 team members to participate in the International Practice Development Collaborative Practice Development School at Queen Margaret University</p> <p><b>Creating a shared vision for the Hospice (Liverpool &amp; Edinburgh)</b></p> <p>Opening up events to engage a variety of staff to enrich learning experiences</p> <p>Utilize and explore the use of technology more in the way that we develop and engage with staff.</p> <p>Established team time out</p> <p><b>Person-centred working Forum established at Liverpool Hospice</b></p> <p><b>Multi-disciplinary induction at Edinburgh Hospice</b></p>	<p>I am really passionate about person-centredness and valuing of all people as individuals. The PD methodologies allow exploration of this in a more facilitative way than didactic teaching and enables collaboration between facilitator and the group, it allows us for things to go where they need rather than forcing things to be a certain way.</p> <p>Staff from throughout the hospices engaged in developing a shared visioning through dialogue and use of creative means e.g. Graffiti Boards</p> <p>The Person-centred Forum consists of representation from every department within the hospice with the exception of Maintenance as department unable to release staff. A full day initially spent with the group to focus on PCC and the terms and reference of group. The group has continued to meet monthly and is currently on-going</p> <p>Multi-disciplinary inductions implemented using PCC tools and approach – now run regularly throughout the year</p> <p>Personal portraits and photos of MC staff and volunteers</p>

	<p><b>Knowing People in Edinburgh</b></p>	<p>Posted on face book and highlighted in hospice newsletter</p>
<p>New knowledge / critical creativity</p>	<p><b>Adopting collaboration, inclusion and participation (CIP) in everything to engage others in process and outcome.</b></p> <p><b>The team have developed facilitation skills</b>, use of critically creative methods and active learning. There was surprise expressed by the depth of discussion and engagement this achieved. To support this ongoing development, the team established mentoring relationships e.g. triads and critical companionship where they could model facilitation skills and give and receive feedback about their developing skill.</p> <p><b>Creative methods</b> included in facilitated sessions include cards, colours, imagery, reflective spaces and poetry to enable participants to critically reflect and find meaning in theory and practice.</p> <p><b>Research projects in Liverpool and Edinburgh</b></p> <p><b>Presentation at RCN Education conference – Mel Legg</b></p>	<p>CIP principles are central to PD work.</p> <p>When facilitating in practice, role modelling new ways of being generated very positive feedback. Role modeling values and principles of person-centredness including authentically engaging with others have been key to the success of engagement with clinical staff in local teams</p> <p>Critical creativity - used this as part of recruitment processes – ‘your journey to here’ to explore people’s life/work experiences to get them to today. Using MC values and exploring individual’s values and how these link in, discussions around this have proven very fruitful. Encourage local operational teams to be involved so they can also get to know the individuals as well.</p> <p>Engagement with external researchers to evaluate the culture of person-centredness.</p> <p>There was a lot of interest around the work we are doing in conjunction with WQMU and the impacts of this in practice. Theoretical it seems easy however the cultural and political dynamics has proven to be quite</p>

		<p>challenging. How we can engage others in the work and how we can try and move things forward at an appropriate pace while not losing sight of the bigger picture. Difficulty with buy in and how we approach these different scenarios in different areas as well.</p>
<p>Embeddedness/ movement</p>	<p><b>Starting work with vision and values work to create ownership and achieve sustainability in work</b></p> <p><b>Culture assessments happening e.g. Liverpool Hospice</b></p> <p>Roll out of level one support for HCA's in supporting medicines for patients, paying attention to skills assessments,</p> <p>New MCNS induction, recruitment process and the application of creative exercises into interview process,</p> <p>Adopting a more collaborative approach between hospices and community teams through learning.</p> <p>Implementation of active learning</p> <p><b>Lead nurses: Getting to know you.</b></p>	<p>Fundamental to PD work is identifying and agreeing shared values prior to creating a shared vision. This is important to be able to assess the current culture. The next step for PDFs is to work with others to undertake a culture assessment. This forms the basis of action planning.</p> <p>Engaging with Clinical Lead Nurses in creative exercises and development to give them opportunities to explore different ways of working and potential outcomes and deeper level of learning and engagement that can be had when approaching</p>

	<p>Move to group assessments requiring other staff to help embed person-centredness</p> <p>Person-centredness central to clinical supervision</p> <p><b>One member of the team commenced her PHD in 2017 with person-centredness as a central theme:</b></p> <p>Linked work with Schwartz Rounds in Edinburgh</p> <p>Celebration events e.g. in Edinburgh and Liverpool</p> <p>Active on social media</p>	<p>development in a more open minded and inclusive way. Helping them understand the importance of clinical creative reflection and how this can be expressed, the learning is achieved in different ways with sometimes more meaningful outcomes.</p> <p>The PhD commencement was both daunting and exciting, PD school was an excellent basis for the development of the thoughts and potential ways of looking at end of life care in the context of person-centredness and whether this is a reality or just a perception.</p>
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## DISCUSSION

The evaluation of the development programme has outlined how role adopting PD principles and role-modelling person-centred practices has had an impact on PDF development and professional and PD more broadly within Marie Curie. The reflective account written by the team collectively identifies how they perceive they are experiencing flourishing as a result of the programme. The sense of connectiveness they now experience is highlighted by the psychologist Maureen Gaffney (2012) as one of the four elements of flourishing. She suggests connectivity is not merely a sense of connection with others as PDFs articulated in terms of teamwork, it is also about coming to know oneself and how we relate to others. This awareness was highlighted in their dissatisfaction when the team was split into the north and south teams for active learning, and also in their awareness of how 'being person-centred' had the potential to help others to embody this as well. Challenge, autonomy and using valued competencies are also aspects necessary for flourishing (Gaffney 2012). Valued competencies are the talents we each value in ourselves. This was less visible in the data.



However, challenge, feared at the beginning of the programme but embraced by the end of the programme emerges from the claims, concerns and issues. In the beginning, the PDFs articulated a lack of autonomy as some felt unable to embrace this new way of learning and the responsibility for changing practice that was implicit. As they came to understand PD principles and that person-centredness was a way of being, rather than doing, their confidence grew. McCormack and McCance (2017) posit PD is a means of developing person-centred cultures. However, in order to move from person-centred moments to a person-centred culture, PD and person-centred approaches need to be embedded into existing organizational strategy (Dewing 2009; McCormack and McCance 2017).

McCormack and McCance (2017) argue person-centred care is only possible in a person-centred culture or effective workplace cultures (Manley et al. 2011). Transformation PDFs are experiencing is evident in their values-based approach to their work, another feature of effective workplace cultures, as is high support and high challenge. During the programme active learning was the way in which PDFs explored person-centredness, but also developed

an environment where they gave and received high support and high challenge. This in turn was replicated within their own practice areas, creating a different type of learning environment than in their previous training role. Attention is now being paid to developing psychologically safe spaces where learners are helped to access their own practice expertise and identify their own learning needs (Manley et al 2011; Brown and McCormack 2010; Hardman and Dewing 2014). This is a new alternative to the narrow focus of technical learning which Dewing and McCormack (2015) suggest are indicative of a performing organisation. Learners now experience deeper levels of learning about themselves and their practice more consistent with an organisation that is thriving. They) suggest person-centred patterns and quality improvement are features of a thriving organisation, whereas a flourishing organisation is with a person-centred culture and innovation is evident.

The impact of the contextual challenges experienced by PDFs are identified as barriers to effective workplace cultures (Manley et al 2012) and person-centred practice (McCormack and McCance 2017). The apparent disconnect between national and local priorities, and perceived unrealistic expectations of what the team could achieve was particularly acute. Despite strategic drivers according well with the PD teams' new ways of facilitating learning, there must be acknowledgement of the time and space required to be able to do this effectively. Martin and Manley (2017) suggest that motivated, engaged, self-directing teams are the strongest indicator of outcome and impact of facilitation. Therefore, creating conditions for staff at Marie Curie to flourish may go some way towards addressing the high turnover of staff currently being experienced. Thinking differently and intentionally about how everyone engages with each other as people, rather than role title has the potential to foster new ways of working together. This has the potential to strengthen organizational commitment (Sharma 2016).

Recent facilitation standards (Martin and Manley 2017; Martin and Manley 2017) identify being participative, inclusive and working across learning styles and boundaries, whilst connecting with complexity as being the most important facilitation skills. They also include knowing self, emotional intelligence, being reflective, continuing to learn and grow amongst others. Although they have not deliberately used the facilitation standards, during the programme, PDFs' skills have developed and during the programme they have created a suite of resources to assist in ongoing work. There would be opportunities in the next phase of

their development to use these standards as a tool to enhancing their expertise. According to Dewing and McCormack (2017) facilitation is key in building a learning culture and flourishing workplaces.

An explicit aim of the programme was to develop a community of practice which Wenger (1998) defines as:

*“groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”*

They are a process of social learning where conditions are set to share ideas and strategies. Wenger suggests that through this process participants can determine solutions, and build innovations. The programme offered opportunities for the team to get together monthly and evaluation data reveals a team shifting from one where members felt isolated from each other and were recipients of directives from authority, to a more autonomous, resilient team. Engagement was a major theme emerging from the data and was an antecedent to the community of practice they developed. As communities of practice exist over periods of time and, despite being based all over the UK, PDFs sought intentional ways of being connected. They shared information and resources on shared IT systems; had ‘Team Time Outs’ and were creative in how they set aside time to have what Habermas (1971) refers to as communicative spaces. These are focussed periods of time where the intention is less concerned with seeking solutions and more in reaching in-depth and shared understanding of a topic. These spaces were also regular opportunities to give and receive high challenge and high support. The team used weekly teleconferencing to do this. Recent research demonstrates that creating a workforce that feels engaged, empowered and inspired will help achieve strategic outcomes whilst ensuring that patients receive high quality care (McCance et al. 2015; McCormack and McCance 2017).

## **Conclusion**

Practice Development Facilitators are in a position where they can be catalysts in developing a person-centred culture within Marie Curie, taking a leadership role in implementing current strategy (Marie Curie 2014; 2015). Despite contextual challenges they are experiencing, the team have sought innovative ways to ensure their own development and change their practice from a technical to an emancipatory focus. They have embedded themselves within



a community of practice that is supporting their ongoing development. They are thriving. To continue to thrive and making further transitions into what Dewing and McCormack (2015) posit are flourishing organisations, these new ways of learning and being are required across the organisation. Practice Development Facilitators are role modelling and have developed the skills to engage with staff and help them practice in person-centred ways. What is required now is embeddedness within organisational strategy (McCormack and McCance 2017).

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